



# MEMBERSHIP APPLICATION

Name \_\_\_\_\_ GCSAA Membership #: \_\_\_\_\_

Club or Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Check here if you wish to receive your mailings at home.

Home Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

## JOB INFORMATION: LIST CURRENT EMPLOYMENT FIRST

DATES EMPLOYED		EMPLOYER NAME & CITY/STATE	TITLE
From _____	To _____	_____	_____
From _____	To _____	_____	_____
From _____	To _____	_____	_____

I hereby make application for membership in the Heart of America Golf Course Superintendents Association and attach herewith my dues for the current year. If accepted, I agree to uphold the by-laws of this Association and subscribe to the following code of ethics. To the end that confidence and respect may be enjoyed by members of our Association, the code of ethics is promulgated and observation of its provisions required.

- Every member shall take pride in his/her work and regard it as a profession in which all members strive to maintain its good name.
- Realizing that the best asset that a member can have is thorough knowledge of his/her business, he/she shall constantly try to improve his/her knowledge and effectiveness by freely exchanging experiences and ideas with fellow members and take advantage of all opportunities for improvement.
- He/she shall endeavor to maintain courteous relations with his/her employer and his/her associates and endeavor to have his/her employees take pride in doing their work well.
- In accomplishing his/her own and the Association's best interest, observance of the following suggestions are recommended.
  - **Seeking Employment:** 1. Seek counsel of local associations when applying for a position in a new district; 2. Recommend only qualified GCSAA members; 3. Ascertain the wage scale in the district in which you are seeking employment, then uphold that talk with the person who last held or now holds the position of Golf Course Superintendent.
  - **Visiting:** 1. Announce your HAGCSA or GCSAA membership when visiting; 2. Always contact the Superintendent of the course you are visiting; 3. Honor requests for technical help from golf courses only when channeled through the Superintendent of the course making the request.

**Communication Consent:** I agree to receive notices, advertisements, announcements, brochures, and other information from Heart of America Golf Course Superintendents of America via facsimile, telephone or e-mail. I further agree that my express permission to fax, telephone or e-mail me such notices and other information will continue and have no date of expiration, unless a written request is received indicating a change in permission.

**ATTESTED:** The applicant must be attested by two Heart of America GCSA members.

Attested \_\_\_\_\_ Date \_\_\_\_\_

Attested \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please include Annual Membership Dues with Application (Term: January to December):**  
Superintendents/\$130 - Assistant Superintendents/\$70 - Supplier/\$130 - Equipment Manager/\$25 - Student/\$25

### Heart of America Golf Course Superintendents Association

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